of the body after death—he has placed too little value upon the important light which may be derived from this source to aid us in our investigation of the true seat and character of diseases.

His practical indications are, in general accurate, and the means laid down for their fulfilment judicious. He is a stronger advocate it is true, for the "mercurial practice," and resorts to it more frequently than would be approved of by the generality of practitioners in the more northern states, whose experience has not taught them to expect from the practice the same amount of good as is attributed to it by him. He is also more sparing in the use of the lancet, as well as of local depletion, than would suit the views of the physicians in this vicinity, and is opposed to the employment of direct depletion in diseases and under circumstances where they would consider one or other to be strongly indicated, or even necessary to the safety of the patient. It is not at all improbable, however, that difference of climate and locality may so influence the character and progress of diseases, as to explain the opposite opinions entertained of bloodletting, and the other remedies recommended in their treatment, by physicians of experience and observation practising in different countries or in different portions of the same country. It is in this manner only that we can explain the discrepant statements made by members of the profession —of whose honesty we can have no doubt—in regard to the efficacy, in various affections, of the different remedial agents proposed for their cure.

D. F. C.

ART. XII.—*Traité Elémentaire et Pratique de Pathologie Interne.* Par A. GRISOLLE, D. M. P., Médecin des Hôpitaux et Hospices Civils, &c., &c. En deux volumes, 8vo.: pp. 1724.

Elementary and Practical Treatise of Internal Pathology. By A. GRISOLLE, D. M. P. Paris, 1844.

So entirely has the attention of French pathologists for many years past been absorbed in the study of specialties, that they would seem to have found no time to sum up in a concise and manageable form the vast amount of information they have collected. Valuable monographs in abundance have been published, either in separate volumes, or in the admirable dictionaries or encyclopedias, which have issued from the French press, and which will be found to exhaust, as far as our present scientific knowledge will allow, the subjects upon which they treat. To the student, however, they are almost sealed books. He wants to know simply what are the facts of science; to have them classified and arranged in such a manner, that, at a single glance, he can master the results of the labours of other men, without having to search for them amid the theories and opinions of medical philosophers. So, too, does the general practitioner, who looks for conclusions and facts, and not arguments and theories. Neither of them have time to spend upon the latter. Yet strange to say, no work existed in France to which they could recur for a brief and clear exposition of these matters, and its want had begun to be felt.

M. Valleix was the first to attempt to meet the case, and in his "*Guide du Médecin Praticien,*" a work of great merit, but which has not yet been completed, has laid before the profession an admirable practical treatise.

But the range of discussion is too great and extended for a mere manual, and, therefore, there still were room and a demand for such a work as we have suggested above.

At about the same period MM. Behier and Hardy, and M. Grisolle commenced the publication of treatises upon internal pathology, which might serve as manuals. The former, young men, scarcely known to science, but full of zeal and knowledge, entered hopefully upon their task, and have presented us with the first volume of their work, which certainly promises auspiciously for the whole. Our intention, however, in the present notice is not to draw comparisons between it and the finished work, of which we have placed the title above, but simply to endeavour to give some idea of the extent and character of the latter.

Had we selected among the younger men of Paris, one, whom from our acquaintance with his history and writings we should consider best qualified to present in a condensed and satisfactory form the whole science of internal pathology, we hardly think it possible to have named another than M. Grisolle. His habits of untiring industry, the admirable school of observation, founded by M. Louis, in which he has been brought up under the worthy master and friend M. Chomel, to whom he renders the homage of this work; his long connection, of fourteen years, with the Parisian hospitals; the fairness, liberality and ability which have characterized his previous writings, all pointed to him as a fitting person to carry successfully through such an undertaking. With such an opinion of the man, we now propose to examine how far he has fulfilled expectations, and to endeavour to show what rank in medical literature his book should hold.

In his preface, he lays before the reader his motive for entering upon this undertaking, viz., his desire to fill the void occasioned by the want of a work which summed up faithfully the principal discoveries in internal pathology. Conscious of his own defects, but filled with zeal for the task he had entered upon, having carefully examined the best authors, and subjected their conclusions, when it was possible, to the test of his own experience during his connection with the hospitals, believing fully that the only method of arriving at fixed results, consisted in the adoption of the analytic and numerical method, as exhibited in his previous works, and determined to make that use of the materials within his reach, which his independence of position and truth enabled and required him to do, M. Grisolle disclaims any intention of willingly overlooking the writings of any of his fellow-labourers in the same field, where these writings consisted of any thing but mere theoretical opinions.

Having thus defined the position he intended to occupy, M. G. proceeds to state that he has distributed into nine distinct classes, all the diseases properly comprised within the limits of internal pathology: viz., 1. Fevers. 2d. Diseases consisting in a change in the constituent proportions of the blood. 3d. Inflammations. 4th. Morbid secretions. 5th. Poisonings. 6th. Lesions of nutrition. 7th. Organic transformation and accidental morbid productions. 8th. Neuroses. 9th. Diseases peculiar to certain organs. He has adopted this classification only after mature reflection and much consultation, without, however, believing it to be free from objection, or that it is possible, at least in the present state of medicine, to establish any system which will have the regularity and precision of those in other branches of natural history.

Special pathology is the exclusive subject of this work, M. G. referring the reader for extended views on general pathology and semeiology, to other treatises, and especially to that of M. Chomel, "a work which is, without contradiction, the most remarkable introduction we possess to the study of practical medicine." M. Grisolle hopes, however, that although he addresses himself especially to those entering upon the career of medicine, he may have also written that which will be equally useful to practitioners.

We are thus brought to the consideration of the first class of diseases, fevers; diseases of which the number gradually diminishes in proportion as the progress of science develops new means of distinguishing between the primitive or essential, and the consecutive or symptomatic forms. That there are fevers of the former kind, in which the febrile movement appears to constitute the whole affection, with which divers alterations, both of the solids and fluids, may co-exist, but almost always consecutively to the fever, and insufficient to account for it, M. Grisolle does not, for one moment, doubt; but at the same time he recognizes, as he had previously done in his observations on pneumonia,—so often observed to occur in the course of febrile attacks—the important pathological law established by M. Louis, as the result of numerous observations, that the prolongation of a fever may become a cause of more or less profound lesions in many of the viscera,—the number and extent of these being proportional to the intensity and duration of the febrile movement.

Our author divides fevers into five distinct kinds: 1. Continued fever, comprehending seven species; the ephemeral, the inflammatory, the typhoid and European typhus,—the only kinds observable in the climate of Paris,—the typhus fever of the English, the bilious fever of warm climates, the yellow fever and the Eastern typhus. 2d. Eruptive fevers; variola, varioloid and varicella, rubeola, scarlatina and the *suette miliaire.* 3d. Intermittents, benign, pernicious and anomalous. 4th. Remittents, or pseudo-continued, "which might, perhaps, rigorously be considered as a simple variety or sub-genus of the intermittents;" and 5th. Hectic, slow or chronic.

The term typhoid fever is used by M. G., as by recent pathologists generally, to designate that form of disease which has for its peculiar lesion the swelling and alteration of the intestinal follicles, and of the corresponding mesenteric glands, because, without determining any thing relative to its nature, it is sufficiently significant of its most important train of symptoms. Although the characteristic lesions of typhoid fever are certainly inflammatory in their nature, they have not the power, when they are the only evident lesions, of augmenting the quantity of fibrin in the blood, as the phlegmasiæ have; a circumstance which M. Grisolle considers remarkable, and which shows that this disease is properly retained among the essential fevers; for MM. Andral and Gavarret have clearly shown, by their experiments, that in it, as well as in the other essential fevers, the amount of fibrin either remains normal or is diminished, the diminution, when it occurs, coinciding with the setting in of what are commonly called typhoid, or a low form of symptoms. The prolonged duration, one of its most remarkable features, and an examination of the blood, are consequently among the most important elements in its diagnosis, where other symptoms are doubtful; nor should it be forgotten how important it is to be able to form a satisfactory diagnosis of this disease, for it is always serious, however light the attack may appear, from the liability to intestinal perforations, which are always possible, even during apparent convalescence, and almost necessarily fatal.

That this disease is contagious, does not, in the opinion of M. Grisolle, admit of question, particularly since the publication of M. Gendron's paper upon the epidemics of small localities; still, it must be admitted that this mode of propagation is much less evident, says the author, than in many other diseases, and that cases of spontaneous origin are far more frequent than those which result from contagion; a proposition which M. Gendron doubts. The treatment of this disease is eclectic, and is mainly that recommended by MM. Chomel and Louis, to whose valuable works the author is indebted for the groundwork of his article. The cool manner in which he speaks of his experience in regard to the different modes of treatment which have been recommended in typhoid fever, is certainly characteristic of the modern French schools of therapeutists, who seem to consider human beings as fitting subjects for experiments, sometimes of the most dangerous kind.

Typhus fever, or the European pest, which, until the suggestion of M. Chomel in 1834, of its probable identity with typhoid fever, has been regarded, and is, by most medical writers, still considered, as an independent and separate disease, has, according to M. Grisolle, been proved to be entirely identical with typhoid fever, by the valuable publications of M. Gaultier de Claubry, (t. 7, *Mém. de l'Acad. de Méd.*,) and the excellent account given by M. Laudouzy of the typhus in the prison of Rheims in 1839 and '40. Without entering upon this interesting question, which is now exciting much attention, we will content ourselves with giving the opinion of M. Grisolle, which is thus expressed.

> "In fine, there is complete identity between the typhus and typhoid fevers, in their anatomical lesions, their symptoms, their march, the forms of the disease, their contagiousness, and the immunity after a first attack. I repeat, there is not any capital difference between these two affections, but merely shades of distinction, due, without doubt, to the unfavourable circumstances under which typhus is developed. M. Laudouzy is, I think, wrong, in the presence of the facts he has so well observed, to deny the *identity* of the two diseases, and to believe them to be only *analogous.* Such an opinion is not admissible; and is, besides, amply refuted by the very observations of this distinguished physician, the slight differences he has pointed out being, without doubt, due to the character of the epidemic."—I. 58.

The typhus fever of England and of this country, however, M. G. considers an entirely distinct disease, and one entirely unknown in France; the facts upon which this opinion is founded, are drawn from the able papers of Dr. Shattuck, of Boston, relative to the disease as he observed it in London, and of Dr. Gerhard, giving an account of an epidemic in Philadelphia, and of M. Valleix, who has made a valuable commentary upon the two papers named before, in an article in the 5th vol. (3d series) of *Arch. Gén. de Médecine.* M. Grisolle takes occasion here to speak in high terms of the ability of our countrymen, with whom he had enjoyed frequent opportunities of friendly and professional intercourse in Paris, and in whose faithfulness and intelligence he had the highest confidence.

We may, perhaps, not inappropriately here advert to some of the happy effects resulting from the visits of our young countrymen to Paris for the purpose of prosecuting their medical studies in that admirable school. A free intercourse has sprung up among some of the most intelligent of them and the ablest and most prominent medical men of Paris, for which they are indebted to their orderly deportment and assiduous attention to their studies, qualities which the Parisian teachers were not slow to discover, and of which they have shown their appreciation by placing within the reach of the students every means of improvement in their power. To

M. Louis are these acknowledgments especially due; he having ever shown himself the friend of the Americans, because he found them to be worthy of this confidence, and ever prepared to reciprocate his kindness by respectful attention and personal esteem. Working together with him in the *Société d'Observation*, of which he is the founder and perpetual president, and which, while it enrols among its members most of the prominent and most laborious younger medical men of France—among whom not the least distinguished is M. Grisolle—also numbers many young Americans; they formed intimacies with each other, by which the characters of all were subjected to the severe test of personal acquaintance and constant observation. These remarks are, to a certain extent, called for, to explain, in part, why M. Grisolle should have selected the paper of Dr. Shattuck, independently of its intrinsic merit, as the authority upon which his opinions of the typhus fever of England are founded. He knew his method of observation, and he could rely fully upon it. The same remark may apply to other members of that society, Dr. Gerhard, Jackson and Stewardson, whom he honourably quotes in the course of his work, with the firmest assurance of their accuracy, and in preference to authors of whom he knew nothing personally.

But to return again to the farther consideration of the work before us. A short account of the bilious fevers of warm climates is presented, not from any personal knowledge of them, but in order to avoid passing over a disease described by the English authors. The only distinction, however, he notices between this and remittent fever, is, that in the former the remissions are not constant, and that all authors agree that bark is detrimental in its treatment,—peculiarities which, if they really existed, are certainly not sufficient to establish a nosological distinction.

The chapter on Yellow Fever is based upon M. Louis's admirable work giving an account of the epidemic at Gibraltar in 1828, and the documents of M. Chervin on the etiology and mode of transmission of the disease. This work of M. Louis is certainly the most valuable we possess on yellow fever, and, indeed, is the only statistical account of it extant. But it is too apt to be forgotten that M. L. does not pretend to give a history of yellow fever, but simply of what he saw in that particular epidemic, and hence he is found fault with for making statements which he never uttered. As regards the anatomical lesion which he found to exist in every fatal case, the pale, anemic, yellow colour of the liver, and which, from the universality of its existence there, he supposed to be characteristic of yellow fever, other observers have stated that such is not the case at other times and in other places. Thus, M. Rufz, observing at Martinique in 1839–41, says that he found the liver unaltered in one case out of three, though M. Dutrouleau, a distinguished physician of the French navy, observing, in the very same epidemic at Martinique, confirms entirely M. Louis's statement, never having found the yellow liver wanting in 100 autopsies. Dr. Nott, in a paper in the last number of this journal, confirms the general conclusion of M. Rufz, that in Mobile the yellow liver is not always present. In view of this diversity of statements we must await farther observation to settle this interesting question.

Without deciding that yellow fever is not contagious, a view which he is inclined to adopt, M. Grisolle says that he is convinced that contagion is not the *ordinary mode* of its propagation,—persons who are subjected to the same causes being liable to take it, but not to communicate it to others who have not been so situated.

The pest, which seems now almost confined to the Turkish empire, is described by the author in accordance with the researches of M. Bulard, who studied the disease in the Eastern countries, between the years 1833 and 1838. M. Grisolle thinks that weight of authority is in favour of its being endemic in the East—peculiar circumstances evidently existing there to account for its development—though M. Bulard is of opinion that it is always imported there; at the same time he believes it to be contagious, capable of being transmitted by fomites, thus calling for the strict administration of quarantine regulations by other countries having intercourse with the Turkish empire.

Commencing the account of the eruptive fever, we find an excellent description of variola and its kindred eruptions, vaccinia and varicella. The works of the most recent French authors on vaccinia, MM. Husson and Bousquet, furnish the materials for the views taken on many points by M. Grisolle. Among others, he believes with M. Bousquet, that the infection of vaccinia takes place during the period of incubation, the development of the vesicle being merely the consequence and evidence of infection; thus admitting that the vaccinia is already preservative by the third day at latest, and that consequently, good matter exists in the vesicle as soon as this appears, though from the minuteness of the quantity it is better to wait until the 6th or 9th day, before taking it from the vesicle. M. G. also prefers to use new virus taken within a short period, from the cow; as the vesicles are finer than those obtained from the insertion of some of the old virus. He does not consider that the necessity for revaccination is as yet proved; it being well ascertained that some constitutions are liable to a repetition of either affection, variola or vaccinia, when exposed to its contagion.

Rubeola is well described with all its peculiarities, as are also scarlatina, and the sweating sickness, *suette miliaire,* which M. Grisolle thinks should be placed in this class of diseases. As to the highly vaunted prophylactic powers of belladonna against scarlatina, he believes they are very doubtful, certainly far from being established. The valuable researches of MM. Andral and Gavarret in relation to the blood, are called in to sustain the classification of these diseases among the fevers; these observers having proved that the blood in them presents the same alterations as in the other pyrexiæ, viz., that there is never any augmentation of the fibrin, which most generally remains in normal quantity, though sometimes it is sensibly diminished, especially at the period of the eruption, while the globules either remain in normal quantity or increase in number: and that the blood presents no buffy coat when drawn unless there is some inflammatory complication, or in some cases of very confluent small-pox, when it may be found, but soft and gelatinous in its consistence.

Intermittents are the third kind of fevers noticed by our author. They are either benign, pernicious or anomalous, and are characterized by no essential anatomical lesion, as a point of departure; though they are extremely commonly attended by a concomitant alteration of the spleen, viz., its enlargement, which, in the benign form is an actual hypertrophy, with induration of its tissue, especially when the disease is prolonged, but in the pernicious form is at first a simple engorgement, the organ finally breaking down into a soft pulp as in grave fevers. This augmentation of volume is more frequent in the tertians and quartans than in the quotidians, which last, are, however, more common than the tertians, says M. G., from an analysis of some 160,000 cases observed in different countries, in the proportion of 9 to 1, while the quartans do not occur more than 2 or 3 times in

1000 cases. He says that "relapses are more frequent after attacks cured by febrifuges, than after those which have ceased spontaneously," still he considers it irrational to defer the administration of these remedies, and advises that a cure should be sought for as soon as possible. As to the antagonism supposed by Boudin and others, to exist between intermittent fevers and phthisis, M. G. considers it as being not only without foundation, but expressly disproved by the public documents published in England relative to the health of her troops in her different colonies.

M. Grisolle thinks that remittents differ from intermittents only in degree, and that the pseudo-continued fever described by M. Maillot as existing in Algeria, is nothing more than a modification of the same affection, assuming sometimes the intermittent, sometimes the remittent form, and not deserving a separate description. As to the pathology of remittent fever, M. Grisolle has adopted the opinions given out by Dr. Stewardson in this journal in 1841–2, opinions which are corroborated, says M. G., by the researches of Mr. Twining upon the Ganges, though these are wanting in precision. He remarks that these papers of Dr. S. contain the only precise pathological notions ever yet put forth upon the subject, though, as Dr. Stewardson admits, some facts are requisite before the universality of the appearances observed in such cases is fairly established. We may here observe, that in the number of this journal, for Jan. last, there is a paper from Dr. Swett, of New York, containing the results of his observations in the New York Hospital, which correspond entirely with the experience of Dr. Stewardson. M. Grisolle thinks that Dr. Stewardson is mistaken in considering the morbid appearances in the stomach as evidences of inflammation, although he would not positively assert that they are endemic, a degree of modesty which is certainly very becoming, considering that he himself never saw a single case of remittent fever.

With a brief notice of hectic fever, the author closes his account of the first class of diseases, which are in the main, very happily, though in general, summarily discussed. It must be recollected, however, that his accounts of these affections are the results of his examinations among French authors, and that for this reason all notice of English authorities, with the exceptions we have noted, is omitted, which is more to be regretted, because on many of these subjects, the latter are both more full and better informed than the French; though, perhaps, on pathology, or rather the morbid appearances presented in some of these diseases, there is but little satisfactory anywhere to be found.

A change (*vice*) of the proportions of the blood is the essential character of the second class of diseases. This change may consist either in the whole quantity of the blood, or in a want of proportion in the globules which are sometimes in excess, sometimes below the physiological standard. It may also be either general or local, according as it affects the whole mass of the blood, or only that portion of it which flows towards such or such an organ. Among the consequences of the former, are plethora and anemia. Among the latter, are those sanguine congestions and local anemias which are caused by the blood being conveyed in too great or too small quantity to the capillaries of an organ or part of an organ, without any appreciable change in the constituents of the liquid, thus differing from the general affection in which, whether plethora or anemia, there is at the same time, alteration in the quantity and in the constituent parts.

The state of plethora in which the blood is assumed to be in excess, though, as Andral says, there is no proof of it, may be either a physiological or a morbid condition; the only difference being that there is a larger number of globules with less water than usual, the fibrin being still in normal amount. M. G. agrees with M. Andral, that this condition does not act as a predisposing cause to the contraction of inflammatory diseases. Sanguine congestion, or the accumulation of blood in greater than the normal quantity in some part of the body, may be either active or passive, and may sometimes disappear so rapidly in the last moments of life, as to render the fact of its existence very doubtful, even though there was the fullest evidence of its previous presence. After some excellent general remarks, M. Grisolle passes to the consideration of congestions in particular organs, beginning with the brain. He distinguishes two forms of it only, a benign and a severe form. When it kills rapidly, it is impossible during life, to distinguish it from apoplexy; but in the other variety, the rapidity with which even the most serious symptoms, as paralysis, delirium, &c., disappear, is a distinctive character of this affection and one of great value. As regards the application of leeches for the relief of this affection, M. Grisolle thinks that the prejudices against such a remedy arise from the fact that an insufficient number is generally made use of; and recommends that in cases where the congestion is consequent upon the pressure of a tumour, for instance, preventing the return of blood to the heart, the flow of blood should be kept up for 12 or 24 hours by means of successive applications of two, four, or six leeches. Our author is of opinion, that in the present state of science, there is no group of symptoms, which may be regarded as the effects of a congestion of the spinal marrow, there being an entire absence of satisfactory *post-mortem* examinations, and the existence of such an affection having been admitted solely by analogy.

The facts upon which the chapter on pulmonary congestion, whether active or passive, is founded, are derived from M. Grisolle's own experience. It may occur so suddenly and extensively as to cause instantaneous death, a statement which is corroborated fully by MM. Devergie and Lebert, the former stating that of forty cases of sudden death which he had observed, twenty-four were consequent upon pulmonary congestion either alone or with cerebral congestion. Extremes of temperature and especially the great heat of dog-days are causes of this disease. A similar remark corroborated by cases, has been made by a writer in the New York Lancet; viz., that instances of sudden death from pulmonary congestion are frequently met with during extremely hot weather in New Orleans.

As regards the passive form, M. Grisolle says that it is wrong to consider the engorgements of the lungs met with in *post-mortem* examinations after chronic disease, as being always cadaveric; he contends, and in this opinion M. Piorry agrees with him, that they commence in enfeebled subjects at a period somewhat remote from death, a fact which may be verified by percussion. These congestions, except in such cases, generally terminate in resolution; sometimes, however, the blood acts as a foreign body and causes inflammation,—this being one of the most frequent causes of the pneumonia so often observed in the course of very many cases of acute and chronic disease.

"It is impossible," says M. G., "to detect this condition when existing in the abdominal organs, except in the liver, spleen and uterus. Congestion of the liver, in most cases, depends on cardiac disease, which causes retardation of the course of the blood; it may, however, be primitive." He agrees with M. Andral, that these congestions may last for months or years, causing gradual wasting away, and thus giving rise to the suspicion of the existence of organic disease of the liver; from which, as hypertrophy, for example, it would be difficult to distinguish it unless the fact of its rapid and sudden occurrence could be satisfactorily ascertained.

Congestions of the spleen must be frequent, as in its function it appears to be a sort of diverticulum for the blood ; they, however, cause no trouble under such circumstances. When truly morbid, they are never primitive, so far as we know, occurring in the course of fevers and of severe diseases where the blood has lost a portion of its fibrin and tends to stagnate. Uterine congestions are briefly and summarily treated of in the concluding chapter of this first kind of diseases due to the *vice* of proportion of the blood. In the second kind, the blood is in less than its usual quantity, or rather there is, according to MM. Andral and Gavarret, a diminution of the globules, the other principles of the blood remaining unchanged, except when the anemic condition is rapidly developed from phlebotomy or hemorrhage, when the fibrin is also diminished. M. Grisolle is of opinion that chlorosis has been very improperly considered a distinct disease from anemia ; authors distinguishing in the former the derangements of menstrual function as showing a difference. But, in truth, no such distinction exists, both exhibiting the same symptoms and march, requiring the same treatment, and being due to the same cause, *impoverishment of the blood;* a cause which is fully sufficient to account for all the functional lesions which have been brought forward and remarked upon, as constituting chlorosis, in contradistinction to anemia. As respects the advantage of marriage recommended in these cases, M. G. thus speaks:

> "Marriage can only be advantageous when the cause of the chlorosis can be traced to crossing in love, and when the young girl is to be united to the object of her affections. It is clear that in this case, the satisfaction of the heart is far more effectual in restoring the health, than the sexual congress, which often acts rather as a debilitant than an excitant."—I. 192.

The third class of diseases noticed by the author are the inflammations. Attention is first directed to the subject of inflammation in general, of which the various symptoms, morbid secretions, &c., are passed rapidly in review. The researches of M. Dubois, of Amiens, relative to the microscopic appearances in an inflamed part, are adopted by M. Grisolle, who thus states them:

> "In commencing inflammation, sometimes there is only acceleration of the capillary currents; afterwards in these, and at the beginning of all other cases, these currents are more or less manifestly retarded, and at a later period there is a more or less marked remission in the circulatory movement; the globules advancing by jerks, isochronous with the movement of the heart and then stopping, to advance again, until finally they entirely cease to move, after having exhibited less and less marked oscillatory movements."

The results obtained by MM. Andral and Gavarret from their experiments, as to the condition of the blood in inflammation, are adopted fully, viz., the fibrine is constantly and spontaneously augmented, the globular element exhibiting no change, although it may diminish, after debilitating treatment, while the albumen may increase in quantity. The first, however, is the only constant change, and is manifested in the formation of the buffy coat, which is alone met with in inflammation, in anemia, and in pregnancy. Its absence does not, however, indicate the absence of inflammation.

As in his work on pneumonia, M. Grisolle, while acknowledging that cold is the most common cause of inflammation, contends that its importance as a cause, has been much exaggerated, when resorted to, as it has been, to account for the development of all inflammations of the pulmonary apparatus, for instance. As to the possibility of arresting inflammation, cutting it short, he, with Louis and Chomel, deny it entirely. It runs, say they, a certain course, which may, perhaps, be a little abridged by appropriate treatment, but cannot be arrested; an opinion confirmed by the observations of M. Andral, who shows that notwithstanding repeated bleedings, no matter how copious they are or how near to each other, the fibrin goes on increasing in quantity.

These preliminary considerations being concluded, M. Grisolle next enters upon the description of inflammation as affecting particular parts, beginning with the digestive apparatus. Stomatitis is first in order. This, in its different forms, and glossitis are carefully, though necessarily briefly, described. The same may be said of his account of angina, which is examined under the different forms of guttural and pharyngeal, tonsillary and pseudomembranous.

Next in order, after a short chapter on œsophagitis, comes a disease, gastritis, which has made a great noise in the world, but is acknowledged to be now one of rare occurrence, and consequently most difficult to describe. M. Grisolle says, after denying the authority of the writers of the Broussaian school, who often saw gastritis when it did not exist,

> "I repeat it, that in the actual state of science, inflammation of the stomach, as a spontaneous affection, is excessively rare, and no one has as yet been able to trace a satisfactory history of it."—I. 248.

Of softening of the stomach, M. G. says, that the red softening and those colourless ones surrounded by a bright injection, are the only forms which can be reasonably referred to inflammation; while the pulpy, gelatiniform and absolutely colourless softenings which arise under a great number of circumstances, constitute a distinct and peculiar affection.

> "Finally," says M. G. "there is every reason to believe that the softenings of the gastro-intestinal mucous membrane, which, according to the admirable researches of M. Louis, occur so frequently in the course of all febrile attacks, when somewhat prolonged, have not, as their immediate cause, an inflammatory action."—I. 249.

Enteritis and colitis may be either acute or chronic, mild or severe, and dysenteric. As to the peculiar symptoms characteristic of duodenitis, as described by authors, consisting in pain at the umbilicus, felt some two or three hours after eating, the more frequent occurrence of bilious stools, in consequence of the irritation of the biliary ducts, or of jaundice from the obliteration of these ducts, M. Grisolle thinks they are entirely gratuitous, and except in rare instances, unfounded in facts. Inflammation of the colon and rectum, however, have positive and peculiar symptoms, though this disease rarely exists alone, the end of the small intestines being almost always simultaneously attacked.

The difficulty of diagnosticating severe enteritis in children between two and five years from typhoid fever, which has been so elaborately and satisfactorily shown by MM. Rilliet and Barthez in their admirable treatise on the diseases of children, is here adverted to by the author. It should be recollected, however, as must always be borne in mind in reading the accounts of these authors, that the children who are subjects of these remarks, were the inmates of a hospital, and consequently subjected to all the unhealthy influences of such a place of abode; that they are depraved in constitution, and belong to the most wretched classes of society.

Ulcerations in the intestines in chronic entero-colitis are exceedingly rare, says M. G., unless they are the result of the breaking down of tubercles, so that when we find entero-colitis attended with rapid emaciation by no means proportionate to the diarrhœa, and especially, when accompanied by regular febrile exacerbations, returning every evening, in adults, we should suspect the existence of intestinal tubercles.

Dysentery is next considered. Without denying its contagiousness, which he deems it impossible to do in the face of the authorities who have asserted its transmission in this way, M. Grisolle believes that this is confined to the epidemic form, or when it breaks out among persons living in extreme wretchedness and filth, and in crowded apartments; an opinion corroborated by the general agreement among authors, that it is by means of the emanations from the alvine evacuations, chiefly, or even solely, that it thus spreads. As to the treatment, M. G. contents himself with simply prescribing abstinence, mucilaginous drinks, baths, enemata, emollient cataplasms and opiates, when the case is not febrile and mild; where evidences of strong reaction occurs, he advises general and local bleeding. Evacuants, he says, were prescribed during the last century; but though successfully used empirically in some epidemics, he does not think that, as a general rule, they can be useful. Among these he places calomel and ipecac. in small doses. It does seem strange that the French physicians have such a dread of that *terrible medicine*, calomel, when it is so successfully used in England, Germany and this country, and particularly in the disease under consideration, combined with ipecac. and opium. M. Grisolle does not even hint at their usefulness in chronic dysentery. To be sure, the severe forms of this disease met with in tropical climates and in this country, are very rarely seen in Paris; nor have the physicians of that capital opportunities of treating the severe chronic form of it, met with among the seamen of England and the United States during long East India voyages.

M. Grisolle next studies the inflammations of the appendages to the digestive tubes. Parotitis is briefly noticed. Hepatitis is described with much care after the most recent publications of the French and English writers. M. G. agrees with M. Louis in thinking that the only sign which can by itself be considered characteristic of hepatitis, is the presence of pus in the organ, which pus is rarely infiltrated through it, but is collected in one or more abscesses, either on the surface or internally, and is almost always white, phlegmonous, and more rarely green or reddish, being in this case mingled with the detritus of the softened organ. The mode of opening of these abscesses into the digestive tube, into the chest, &c., and the consequences resulting from this cause, are carefully described. Indeed, this is one of the most interesting and well-digested chapters in the work; a work, it may be here said in passing, in which the vast amount of materials at the author's disposal have been most admirably summed up and condensed. M. Grisolle has no fear in this disease of mercurial preparations, after proper depletory measures have been resorted to.

Of the chronic form of hepatitis, says M. G., the same means of accurate description are wanting. As in the acute form, the presence of pus can alone warrant the belief in this disease; in this case it is always encysted, the membrane of the cyst being tough, and surrounded by indurated tissue. Of cholecystitis, which is the next disease treated of, nothing more than a mere sketch is presented, there being no certain means of diagnosis. The same may be said of pancreatitis, which rarely occurs, and then only consecutively. Splenitis is apparently a rare affection, little respecting it, either symptomatically or anatomically, being known. M. Grisolle thinks that the only signs of its existence, anatomically considered, are pus and the infiltration of its tissue with a fibro-albuminous matter, circumstances which are very unusual, though change in the colour, consistence and volume of this organ are often met with in other diseases, independently of its inflammation. It is rarely a primitive affection, being generally the result of a traumatic cause, as a blow upon the left hypochondrium, and is characterized by constant pain, and the rapid occurrence of evidences of its increased volume, discoverable on percussion.

Of the inflammations of the respiratory organs, laryngitis first receives attention; it occurs under a variety of forms, viz., simple or mucous, stridulous or false croup, pseudo-membranous or true croup, sub-mucous and chronic. In this notice of laryngitis, we are presented with an admirable summary of the disease, containing all that is new or important in reference to its various forms. As to *œdema glottidis*, M. Grisolle agrees with MM. Chomel and Blache, that it is impossible to arrive at any satisfactory conclusion as to the nature of the attack, by carrying the finger into the mouth so as to touch the glottis. The spasmodic contraction of the throat, and the efforts to vomit provoked by such manipulation, entirely prevent the proper examination. The occurrence of œdema glottidis, which is a very grave affection,—only nine cases out of thirty-nine, collected by M. Valleix, having recovered,—can only be determined by a concurrence of symptoms; "as a feeling of obstruction at the upper part of the larynx, accompanied with hoarseness, a whistling inspiration, and soon with fits of suffocation, which cease and recur ordinarily at short intervals." M. Valleix has recently confirmed the opinion of Bayle, that œdema glottidis very rarely occurs in a state of perfect health, but most generally in the course of, or during convalescence from some febrile disease.

Chronic laryngitis is often met with, though many alterations have been pointed out as indicative of this disease, which are not properly so; among others ulcerations. M. Grisolle says,

> "A more attentive observation has at length placed beyond question the fact that in almost every case, if not in all, ulcerations of the larynx are symptomatic. Thus in the acute state they are only observed in the course of glanders and typhoid fever, more rarely in variola, or after the use of tartar emetic in large doses; in the chronic state they are connected almost always with pulmonary tubercles; finally, in some very rare cases they are consecutive to syphilitic infection. Does it follow from this that ulcerations of the larynx can never be primitive? Though far from denying the possibility, I believe that this must be excessively rare; for in the numerous autopsies I have made during the last twelve years, I have never yet met with an example of primitive ulcerations, nor have I been able, among the writings which I have examined, to find a single well-authenticated instance of them. I will go so far as to say, that the seven observations which M. Trousseau has collected as examples of chronic laryngitis with essential ulcerations, are not conclusive; for although no pulmonary tubercles existed, it is not satisfactorily shown that these ulcerations were not the result of venereal infection. I repeat, therefore, that I do not absolutely deny the possibility of the occurrence of primitive idiopathic ulcerations; I merely say that they are rare, so rare, that when they are met with in the dead body, or are suspected in the living, the action of some of the preceding general causes must be suspected."—I. 314.

In the treatment of chronic laryngitis, great importance is given to the use of external irritation, and particularly, as recommended by MM. Trousseau and Belloc, the use of topical astringents and caustics, as the nitrate of silver, in strong solution, applied directly to the part.

Tracheitis is very rarely a simple disease, the inflammation usually extending either to the larynx or bronchi. Bronchitis is divided into acute and chronic forms; the first being either ordinary, capillary, or pseudomembranous. The capillary form, corresponding with the suffocative catarrh of authors, has been well described only in modern times, especially by M. Fauvel, of whose admirable paper on this disease, published in the 2d vol. of the *Mém. de la Soc. d'Observation*, of Paris, an analysis was presented in the number of this Journal for July, 1844, p. 173.

After a brief account of the *grippe* or influenza, the author takes up the important subject of pneumonia, and presents the reader with an analysis of his now more extended work upon this disease at the different periods of life. The readers of this journal have already been placed in possession of the author's views upon pneumonia by means of an extended review of his work, published in the July number for 1843, p. 107, so that it is unnecessary to dwell upon the subject. There is one point, however, which we will not pass over, and that is, that the author has entirely omitted all allusion to the fact that mercurials are advantageously employed in this disease; an omission the more remarkable, as in his more extended work he spoke of their employment with alleged benefit. Indeed, so general and so useful, in many forms of pneumonia, which will not admit of the use of venesection or of tartar emetic, is the employment of calomel, or blue pill and opium, in this country and England, that it would appear incredible that no notice of the fact should be contained in a work of the character of that which is under consideration.

M. Hirtz, of Strasburg, we are told by the author, directs attention to the fact that when effusion first takes place in pleuritis,—the next subject of inquiry,—the liquid is extended in a layer over a large surface, causing an extensive *souffle* and dullness; and that then the liquid suddenly accumulates at the base of the thorax, abandoning the upper parts; the air tubes becoming then strongly compressed and flattened, no morbid sound is heard there, while the vesicular murmur and sonorousness reappear above, though, as M. Grisolle says, they are feebler there than on the opposite side; M. Skoda, of Vienna, supported by M. Fauvel, on the other hand, is of opinion that though the vesicular murmur is feebler, there is actually an exaggeration of sound on percussion. M. Grisolle says that it is a mistake to assert that œgophony is pathognomonic of pleuritis; for, as he has shown in his work on pneumonia, it is sometimes met with in simple pulmonary indurations in certain individuals, and especially old women, whose voice is naturally shrill and trembling. To be of diagnostic value, it must coincide with dullness, must be very decided and susceptible of displacement and modification in consequence of change in the position of the patient.

Chronic pleurisy is always serious because of its frequent coincidence with tubercles,

> "Pleurisy differing from acute pneumonia in this; that while pneumonia rarely stimulates the production and march of tubercles, such is not the case with pleurisy; for though this is often cured under these circumstances, it does not prevent, in proportion as the effused liquid is absorbed and the chest becomes narrow, the phthisis from generally making incessant and, at times, rapid progress."—I. 377.

Pericarditis may be suspected to exist whenever fever and dyspnœa are present without any apparent cause; a suspicion which may be made a certainty by means of the usual physical examination of the chest. After combating it by antiphlogistics, and digitalis, says M. Grisolle,

> "And there are evidences of effusion, the precordial region should be covered with a large blister, and suppuration from the blistered surface should be kept up. This is almost the sole treatment to be employed against chronic pericarditis; except that in cases where it is rebellious, a more energetic exutory, as a cautery, a moxa or even a seton may be substituted for it."—I. 384.

Endocarditis, whose importance and frequency have been much exaggerated by M. Bouillaud who first accurately described it, is rarely primitive, occurring generally in the course of some other acute disease, especially acute rheumatism. Its diagnosis is often extremely difficult. M. G. says,

> "When an individual, who presents no sign of cardiac affection, is suddenly attacked with oppression and palpitation; when the heart is all at once augmented in volume and gives to the ear a sharp direct impulsion, whilst the sounds are masked or replaced by abnormal ones, endocarditis may with certainty be diagnosticated; under all these circumstances we must remain in doubt."—I. 388.

Carditis is very rare and presents no symptoms by which it may be suspected or recognized during life; nor is there any thing to characterize it after death but the presence of pus, which is rarely infiltrated, but is collected in abscesses.

Arteritis, thanks to modern investigation, is better understood. Redness is an insufficient sign of inflammation, and must coincide with some change in the tissues, as thickening, friability of the internal membrane, which is at the same time wrinkled, villous, rough, and more or less covered with fibrinous clots which adhere to it; coagulation being one of the most common though not constant accompaniments of inflammation. The most certain indication of inflammation is the presence of an albuminous pseudo-membranous exudation sufficient at times to obstruct entirely the calibre of the artery. M. Bizot thinks that the cartilaginous spots in the arteries, looked upon as evidence of chronic inflammation, are the remains of the albuminous exudation of the acute stage, which, not being absorbed, organizes, hardens, and acquires a cartilaginous consistence, the internal membrane disappearing and leaving this cartilaginous matter immediately upon the middle coat. The bony production is said to be merely the consequence of some perversion of nutrition due to old age and never to be the result of inflammation.

As with arteritis, mere redness is insufficient to characterize phlebitis, some lesion of nutrition being requisite to establish its existence. The vessel must also have a certain calibre, hence the impossibility of ascertaining the presence of capillary phlebitis. M. Grisolle, however, remarks that the inflammation of the capillary veins of the bony system may be suspected from a symptom which generally accompanies it, viz., purulent infiltration of the medullary membrane, especially marked in the spongy tissue of the bones.

> "I have met with this lesion," says he, "in all the numerous patients whom I have seen die from inflammation of the veins after amputation of the limbs."—I. 397.

Uterine phlebitis, as described by Dance, and phlebitis of the cerebral sinus, after Tonnélé, are the subjects of special remarks, the author then proceeding to the examination of the subject of metastatic abscesses. M. Grisolle says there is no doubt that the pus may mingle with and change the blood, (its globules being discoverable there,) the blood becoming more diffluent and like currant-jelly, while the bodies putrefy more rapidly. This alteration, which is always consecutive, causes the serious accidents of the second stage of phlebitis, and accounts for the morbid purulent deposits, which take place in the most vascular parts of the most vascular organs. Dance thinks that the vitiated blood may cause special disseminated inflammation attended with rapid suppuration, or, as Cruveilhier says, the non-eliminated pus may act as a foreign body, stopping in the capillaries, inflaming them and causing engorgement and abscess.

The diagnosis of superficial phlebitis is not difficult, but when it affects a deep-seated vessel, the only means of certainly ascertaining its presence are the symptoms due to the existence of general purulent infection.

> "Thus, when in the course of a continued febrile movement which has lasted 7, 8, or 10 days, we observe irregular chills, delirium, prostration, jaundice, we should fear a purulent infection of the blood—fears still better founded, when articular pains are added and rendered certainty, when multiplied abscesses are developed in different parts of the body."—I. 402. "When the symptoms of infection make their appearance, the patient is destined to almost certain death; all means hitherto employed to prevent it having proved unavailing."—404.

Inflammation of the lymphatic system, vessels, and glands, next occupies the author's attention. We must, however, pass on to the consideration of the important series of diseases embraced under the head of inflammation of the nervous system, commencing with cerebral meningitis. This comprises the simultaneous inflammation of the arachnoid and pia mater, it being doubtful, says M. G., notwithstanding Abercrombie's inconclusive facts, whether or not the dura mater can be primitively inflamed. That it may be consequent to disease of the cranium, is placed without doubt, though, even in this case no symptoms absolutely indicative of it, have been observed.

Meningitis may occur under two principal circumstances: 1st, when there are tuberculous granulations in the sub-arachnoid cellular tissue: 2d, where nothing but the usual phenomena of serous inflammation are present. The latter form alone occupies attention in this chapter, though the two were, until a very recent period, confounded together. It is rarely general, and more usually occupies the convexity in adults, and the base in children. The symptoms, no one of which taken alone, is pathognomonic of this disease, are headache, delirium, coma, convulsions, strabismus, febrile excitement, &c., due rather to the impression the inflammation causes upon the brain, than to the inflammation itself.

> "It is undeniable," however, says M. G., "that delirium is more rarely absent in the meningitis of the convexity of the hemispheres, than in that of the base; whilst the coma occurs more frequently, at least as a primitive symptom in that of the base, or still more decidedly, when effusion into the ventricles takes place."—I. 413.

This disease either terminates by complete and rapid (though sometimes slow) restoration to health, or by death, very rarely becoming chronic.

Rachidian or cerebro-spinal meningitis is only known from modern investigations, MM. Ollivier d'Angers, Calmeil, and Tourdes, of Strasburg, being the best writers upon it. The evidences of this inflammation are most frequently observed in the cervical portion of the spinal column, and circumscribed there, especially when caused by disease of the vertebra. In this latter case alone does it become chronic, causing adherence between the lamina of the arachnoid. M. Tourdes has observed cases in which it killed in a few hours, without giving time for the development of the characteristic lesions. In general, however, it is preceded by febrile excitement and violent pain in the affected region, irradiating towards the limbs and attended with spasmodic contraction of the muscles of the back, &c., which may be permanent or remittent, and extreme sensibility of the skin and symptoms of cerebral meningitis. Death, which is the most usual termination, comes on with epileptiform convulsions or from asphyxia; health very slowly returns when recovery takes place. Sometimes the result of cold, or of direct violence, at others having reigned epidemically in barracks, it is in the great majority of cases spontaneous. Antiphlogistics and mercurials with opium, which appear to have been occasionally useful, are the proper means of combating it.

Encephalitis, comprising inflammation of the cerebrum, cerebellum and protuberance, and myelitis, including that of the spinal marrow and medulla oblongata, are the subjects of the next chapter, and are discussed in a very clear and interesting manner. In a work, necessarily so condensed, there can nothing more be given than a summary of facts and opinions, without the possibility of citing authorities and approving or combating their views; the author, therefore, as in all other cases, merely alludes generally, at the commencement of his chapter, to the best authorities on the subject treated of, and acknowledges in general terms the use he has made of their labours; making use of established facts in science, without feeling the necessity of naming his authority, except where the fact is of recent discovery—his work being confessedly a compilation.

Coryza and otitis are next briefly studied, the author passing from them to the consideration of the inflammation of the secretory and excretory urinary organs, beginning with that of the kidneys. Simple acute and chronic nephritis, pyelitis and albuminous nephritis are the different forms which are passed in review, M. Rayer's great work affording most of the matter upon which the present accounts are founded. With regard to albuminous nephritis, which is carefully and admirably described in the condensed chapter before us, M. Grisolle is of opinion that cases of complete radical cure are *extraordinarily rare*, death being the almost constant termination of the disease, though temporary amelioration may take place. As the name given to this affection indicates, M. Grisolle has adopted entirely the opinion of M. Rayer as to its inflammatory character, making it a form of nephritis; he admits that it differs from other inflammations, in attacking both kidneys at the same time and in never going to suppuration; and he believes that the alteration of the blood in it is consecutive to the disease and not its cause.

Under the title cystitis, M. G. comprehends all inflammations of the bladder, reserving the term vesical catarrh to designate a peculiar, non-inflammatory, morbid condition either consequent upon previous inflammation or not, and characterized by exaggeration or perversion of the natural mucous secretion.

Of the inflammations of the genital organs, we find in this place only acute and chronic metritis, ovaritis and inflammation of the fallopian tubes and broad ligaments; the description of those of the vagina, urethra and glans penis being deferred until the author enters upon his account of the venereal disease, not that he means it to be understood that these inflammations are always the result of venereal infection, but because there are only shades of difference in the symptoms without any marked distinction.

Metritis is either acute or chronic, the latter being attended with engorgement and induration or with ulceration. M. Grisolle does not believe that this chronic form ever degenerates into cancer, unless the woman is predisposed to it, though the disease may run on for years; the error having arisen from mistaking the first stage of cancerous hardening for simple inflammatory induration. The diagnosis is difficult, though it is not impossible. M. G. says:—

> "The two diseases, however, may be distinguished from each other by bearing in mind that scirrhus is most generally limited to the neck, which is usually better circumscribed than in inflammatory induration; that the hardness of the engorgement, and the weight of the tumour are also much more considerable, and that pressure develops in it less pain. Finally the irregularities and knottiness of the scirrhous tumour, its dull white colour, and the hemorrhages which accompany it, will be so many characters which will serve to distinguish it from simple chronic engorgements."

As to ovaritis, M. G. says, that notwithstanding contrary assertions, he believes it to be quite common, independently of the puerperal condition and of pregnancy. The opinion that it may arise from blenorrhagia, like inflammation of the testicle in man, he considers to be sustained rather by analogy than proof.

Peritonitis may be either simple, acute and primitive, or chronic, or puerperal. Of the latter disease, his description is based entirely upon French authorities, corrected by his own observations. While admitting the epidemic constitution which extends its influence over women confined in their own houses as well as those in hospitals, M. Grisolle thinks there is neither demonstration nor probability of its contagious nature which has been maintained in England and in some instances in this country. He believes that no uniform treatment can be adopted in this disease, the peculiarity of the epidemic influencing this to a great extent. Contrary to the practice which has been so warmly sustained by some of the English and of our own writers, M. G., while asserting its almost universal usefulness, recommends bleeding being resorted to with great precaution and with the greatest reserve, even in cases where the disease announces itself with marked inflammatory characters; for a single, even moderate bleeding, says he, is often followed with prostration. He therefore recommends a small bleeding from 7 to 10 ounces, to be repeated if well borne, and to be assisted by the use of 20 to 30 leeches to the abdomen—when the pulse and strength admit it—followed by cataplasms and laxatives. When these means are inadmissible, recourse must be had to mercurials in repeated doses, until their constitutional effect is obtained.

Consecutive peritonitis, from intestinal perforation, for instance, and chronic peritonitis, which, like M. Louis, M. Grisolle has never met with unconnected with tubercles in the peritoneum, save in one case where they were found in the lungs, are the subjects of the next succeeding chapters.

Inflammation of the cellular tissue comprehends here the phlegmonous abscesses of the splanchnic cavities, the chest and the abdomen. Under this head the author sketches descriptions of phlegmonous abscesses in the mediastinum, around the kidneys, in the fossa iliaca, in the pelvic cavity and in the cellular tissue around the parotid. Inflammation of the muscular tissue, which is extremely rare and has even been denied to occur, is studied in the only two muscles in which it has been certainly recognized, viz., in the heart (see the chapter on carditis), and in the psoas muscle, where it has commonly received the name of psoas abscess, but is here called psoitis.

The inflammations of the skin next pass in review, under the general heads of exanthemata, vesicles, bullæ and pustules. To the first of these belong erythema, roseola, erysipelas, pellagra and, perhaps, urticaria.

M. Grisolle directs attention to a symptom in erysipelas, which he says occurs in two-thirds of the cases as a premonitory, viz.:

> "A painful engorgement of the lymphatic glands which receive the vessels coming from the part about to be attacked with erysipelas, although the skin presents as yet no appreciable modification of its colour, its thickness, its temperature or its sensibility. This engorgement of the glands, to which M. Chomel has particularly called attention, precedes the development of the erysipelas one, two or three days. We have even seen it precede the redness seven, eight or nine days. The number of the glands affected, their sensibility and swelling are generally in proportion to the extent and gravity the erysipelas will present; though to this there are numerous exceptions."—I. 534.

M. G. has never seen the glands suppurate, even when much swelled and very painful. He believes with M. Chomel, that erysipelas has never arisen simply from an external cause, or if this concurs in its production, its action is only secondary, being dependent upon some unknown internal condition, though it may hasten its development, or fix its seat. He thinks that all topical treatment, either with a view to limit the disease or to moderate the inflammation of the skin, should be abstained from, unless the tension and pain are very great, when a prolonged bath or a warm cataplasm may be resorted to. As to the application of a blister, which was adopted by Dupuytren, among others, to restrain or limit the disease, M. G. says, "it has no power either to restrict the erysipelas or to abridge its duration," founding his opinion upon the very facts he collected at the *clinique* of M. Dupuytren. He admits, however, that no harm was ever observed to follow its application for this purpose. Mercurial ointment is not any more advantageous, it being now ascertained, says the author, that most of the cures attributed to it, were solely due to the natural march of the disease. Indeed, considering all its circumstances, M. Grisolle is of opinion that the cutaneous inflammation does not constitute the disease, though he cannot agree with Rust that erysipelas is an exanthematic fever.

Herpes and eczema are the only vesicular diseases upon which the author treats in this place, referring for an account of psora to the diseases produced by parasitic animals, and of hydrargyria to mercurial diseases. Next come the bullar eruptions, pemphigus and rupia, and then the pustular, of which M. G. here speaks only of acne, mentagra, impetigo, ecthyma and favus, deferring his account of syphilitic pustules until he comes to speak of the syphilitic virus.

We have thus followed the author through the important class of the phlegmasiæ, and have now to consider with him the fourth class of diseases, viz., those due to morbid secretions, which are either the increase of a natural fluid, constituting a flux or collection, according as it makes its way outwardly or not, or the accidental secretion of an unusual fluid. He is induced to admit this class of diseases, because in the present state of our knowledge we cannot penetrate the nature of the disease, and cannot, therefore, do better than characterize it by its principal phenomenon, which may explain most of the accidents observed, and may become the source of the principal indication. With M. Chomel, he divides the morbid secretions according to the nature of the exhaled fluids into 1st, hemorrhages; 2d, serous secretions; 3d, mucous secretions; 4th, secretions of liquids peculiar to certain organs, as urine, sperm, milk, &c.; and 5th, pneumatoses or the secretions of elastic fluids.

Some good general remarks introduce the subject of hemorrhages. M. Grisolle agrees with M. Andral, that the defibrination of the blood becomes in a great number of cases the cause or the concomitant lesion of many sanguine discharges of a passive character, though not of all; thus, it is in those diseases which exhibit the destruction of fibrin that the greatest number of passive hemorrhages occur; an opposite state in which the blood is rich in globules, is also a cause of hemorrhage, but always of an active character, though it would be a great mistake to suppose that all active hemorrhages are due to an augmentation of globules. As to the treatment of severe hemorrhage, threatening death from want of sufficient blood to sustain life, M. Grisolle recommends having recourse to transfusion, which, while it renders the case no worse, gives a chance of life, which the experiments of Blundell and Brown warrant us in affording the patient, and, indeed, would seem imperatively to require us not to withhold.

An account of epistaxis is followed by a chapter on hemoptysis, which, though it cannot truly be said never to be essential, is in almost every case, at least, when at all abundant, symptomatic of an organic affection of the lungs or of some neighbouring organ, as the aorta or heart.

> "When," says M. Grisolle, "the hemorrhage is consecutive, arising from external violence, or, what is more rare, forming the crisis of some serious disease, it is in general not dangerous; but these cases are exceptional, and we believe, that the existence af a hemoptysis should always occasion the greatest solicitude on the part of the physician; for almost all the persons who have had this accident, die sooner or later of phthisis,—not, as was long supposed, because the hemorrhage was the cause of the tubercle, but because it only occurred in consequence of the presence of these morbid productions. When the hemoptysis recurs frequently and appears to be constitutional, we should not feel completely reassured as to the cause which produces it—for we often see such individuals beget children, who all become phthisical, while they themselves die at an advanced age of some disease foreign to the lungs, and yet almost always present cretaceous tubercles in these organs. This is a fact, says M. G., which I have already several times observed."—I. 599.

We can only refer to the interesting chapters on stomatorrhagia, gastrorrhagia or hematemesis, and intestinal hemorrhages, which sum up admirably these important diseases, dwelling particularly upon the differential diagnosis of the hemoptysis and hematemesis, and upon that of idiopathic and symptomatic gastrorrhagia and enterorrhagia.

Of hemorrhoids which are next described, M. Grisolle says:

> "We agree with MM. Bérard and Raige-Delorme, that in the immense majority of cases, hemorrhoidal tumours are constituted at their commencement by a venous dilatation; that the anatomical changes which occur during the progress of the disease have the greatest analogy with those which the same causes develop in varicose tumours of the leg. In a word, hemorrhoids are nothing else than varices of the veins of the inferior extremity of the rectum."—I. 612.

Hematuria, urethrorrhagia and metrorrhagia or menorrhagia are the subjects of succeeding chapters, which describe admirably all the practical points relative to these hemorrhages.

The serous membranes may be the seat of hemorrhages in which the quantity of blood effused may be very large and may undergo various transformations before being absorbed. Serious as these hemorrhages are, no positive signs reveal certainly their existence, which can, in general, only be inferred from the trouble they cause by the compression of some important organ, as the brain, heart, &c.

Meningeal hemorrhage is described after the admirable papers of MM.

Baillarger, Boudet, Rilliet and Barthez and Legendre. From their researches it is shown that the effusion always takes place within the serous membrane, and may be circumscribed or diffused over both hemispheres, it being either fluid or in clot, according to the period of death; if this is postponed for four or five days, the clot is even circumscribed by a false membrane, adhering always to the parietal layer of the arachnoid. Both the clot and the serosity may finally be absorbed, leaving only a false membrane with a serous appearance. In this case the hemorrhage is the consequence of a morbid exhalation, though it may succeed a rupture of a vein or sinus or artery at the base of the brain. Whatever its source, it excites, except in young children, a pressure proportionate to its amount. The diagnosis is difficult, it being impossible when it takes place suddenly to tell it from cerebral effusion or strong congestion.

> "The existence of contractions from the commencement of the disease, the irregular march of the principal symptoms, such as the diminution and then sudden aggravation of the coma and paralysis, finally the gradual augmentation of the symptoms, are the principal circumstances by which we may establish the diagnosis of the disease."—I. 636.

The prognosis is exceedingly grave, "it should be regarded as still more unfavourable than that of cerebral apoplexy itself." It kills in a few minutes, or more commonly in four or five days; though patients have lived months and some have recovered. It is frequently met with among the insane, and particularly among those labouring under paralysis and dementia; it may occur at all ages and appears to be one of the causes of asphyxia neonatorum.

Hematidrosis or bloody sweat is the subject of a short chapter, which brings the author to the consideration of interstitial hemorrhages or apoplexies, meaning thereby effusions of blood taking place suddenly and spontaneously in the substance of the organs or tissues.

Cerebral hemorrhage is first taken up; M. Grisolle remarks that in the present state of our knowledge, the opinion that special signs indicate the portion of the brain into which the effusion has taken place "is not justified by numerous facts, and that the authors who have pretended to find some such diagnostic signs have merely invoked isolated facts, or have relied upon insufficient physiological data."—I. 644. M. G. does not think that hypertrophy of the left ventricle of the heart is an active predisposing cause of cerebral hemorrhage. Much pains are taken by the author to point out the distinctive marks of this affection so as to distinguish it from congestion, softening and meningeal hemorrhage; as to the last M. Boudet states, from the examination of a large number of cases, "that effusion of blood into the arachnoid immediately causes contraction, whilst in a cerebral hemorrhage this symptom comes on only after the development of consecutive softening around the apoplectic cavity."

But few examples of hemorrhage of the spinal marrow have been published. It is liable to be confounded with its softening, and the means of diagnosis are pointed out by the author when considering this latter disease.

In all the cases of pulmonary apoplexy (more than 20) which M. Grisolle has observed, there existed different organic diseases of the heart and particularly contraction of the orifices of the left cavity. Hypertrophy of the right ventricle has been said, though wrongly, to be a cause of this affection; for in 27 cases collected by M. Louis, not one ever had pulmonary apoplexy, though in 6 of them there was also hypertrophy with dilatation of the pulmonary artery and of its principal divisions, proof that the blood had been thrown out with a certain amount of force. Thus, pulmonary apoplexy, symptomatic of disease of the heart, is not caused actively by an unusual impulsion of the blood, but passively in consequence of an obstacle on the left side of the heart, causing stagnation in that organ and consecutively in the lungs. Other apoplexies of the abdominal viscera, of the placenta, of the muscles, and of the heart are briefly noticed, and the whole subject of hemorrhage is concluded by a chapter on purpura and by one on scurvy.

The second kind of morbid secretions or secretions of serosity, next passes in review. With Rayer and Littré, our author confines the term dropsy to serous effusion into the cellular tissue or into the serous sacs, distinguishing these from the effusions into the mucous cavities, as the stomach, uterus, &c., and from certain cysts which have been confounded with dropsy. As to the causes of dropsy, some cases are shown to arise from a change in the blood, sometimes of its quantity, more often of its quality, a defibrination and diminution of the globules, though these last do not frequently or necessarily occasion it. Dropsy seems, however, to be a necessary and almost inevitable consequence of a diminution of the albumen in the serum; a fact perfectly established by the recent investigations of M. Andral. He even doubts whether there are any other dropsies by alteration of the blood, except those resulting from the diminution of the fibrin. Anasarca is first studied by M. Grisolle. Then comes œdema, differing from the former simply in the infiltration being confined to a portion of the body, and deriving its importance from the fact that it is symptomatic of some lesion in the neighbourhood, or at a distance, which thus betrays itself. The œdema of new-born children, which is very rare in city practice, though very common among children in hospitals, and most frequently caused by cold, differs in no respect from other œdemas. The author remarks that M. Charcellay, having found on the bodies of children who died from it, the characteristic marks of Bright's disease of the kidneys, asserts that "the œdema of new-born children is very frequently the result of albuminous nephritis." The observations of MM. Valleix and Billard, however, show that this is only an exceptional cause. These latter authors consider it as an entirely distinct affection from induration of the adipose tissue, which they look upon as merely a cadaveric phenomenon; or if it does occur during life, as coming on only during the last hours and when animal heat is already almost gone. "Thus MM. Billard and Valleix have very often ascertained that children several hours dead and still in their cradle, had their limbs soft and pliable, when, upon examining them the next day in the amphitheatre, they found them hard."—p. 689. We may here remark that in the work of MM. Rilliet and Barthez on the diseases of children (vol. i. p. 739) are reported two cases of hardening of the cellular tissue, coming on under precisely the same circumstances as œdema, and resembling it except in the hardness. The cellular tissue after death was hard and resisting to the scalpel, and consisted of perfectly distinct fatty lobules, separated by partitions thick and fibrous in some parts, more delicate in others; the fatty matter itself being red and firm, and giving out, on being cut, some drops of serosity.

Phlegmasia alba dolens is next studied. M. Grisolle considers this a very rare disease, and entirely doubts the authenticity or rather relevancy of the cases said to have been observed in the male. The only constant lesion he has met with, is the œdema or infiltration of the cellular tissue, occurring under circumstances as yet not satisfactorily determined. When phlebitis is observed with it, it is merely a secondary lesion.

Acute *sur-aigüe* and chronic hydrocephalus and hydrorachis are the forms of cerebro-spinal dropsies here examined, the consideration of cerebral œdema being postponed until the author comes to the study of that form of mania called *stupidité*, of which M. Etoc considers it to be the characteristic lesion.

M. Grisolle is of opinion that in the present state of science, the only essential dropsy of the meninges or brain, which should be admitted, is that described under the names of serous apoplexy or *sur-aigüe* cerebral dropsy; meaning thereby "a disease characterized anatomically by the exhalation of a great quantity of serosity into the interior of the cranium, causing a sudden and more or less complete loss of sensibility, movement and intelligence." Notwithstanding the assertion of Abercrombie, that he has met with mortal apoplexies without cerebral lesion and extensive effusion into the cranium where no apoplectic symptoms had been observed, and that therefore the serous effusions when observed are not the cause of the accidents, M. G. considers that it is impossible to question the occurrence of cases of serous apoplexy in old people, in the debilitated, and in those suffering under anasarca, the serosity being carried, as it were by metastasis, to the brain. Œdema of the lungs, hydrothorax, both secondary affections, occurring chiefly during the last moments of life, and hydropericardium, also a secondary disease, are each studied in separate chapters. The remarks on ascites, which is next considered, are prepared with much care, and contain all that is valuable in the present state of knowledge on the subject.

The serous secretions of the mucous membranes next claim attention. They are observed in the digestive tube and in the female genital organs. The former present two varieties, viz., Asiatic cholera and hydro-entorrhœa, or a form of disease occasionally met with, consisting in evacuations per anum of a watery, transparent liquid without mixture of bile or mucus, and causing much weakness for some time. Asiatic cholera is placed here because of its most prominent symptom, intestinal exhalation, and of our ignorance of its intimate nature, which would enable us to give it its proper nosological position. Hydrometra, or dropsy of the womb, is the only other serous exhalation of this kind here noticed.

The third kind of morbid secretions are the mucous secretions, constituting the diseases usually called catarrhs; "which are now considered as mere accidental augmentations of the secretions of the mucous follicles, without these being actually the seat of inflammatory action."

Broncorrhœa, gastrorrhœa, mucous diarrhœa, leucorrhœa and vesical catarrh are each carefully described by the author, the reader being referred to a subsequent part of the work for an account of blenorrhœa. Broncorrhœa is essentially distinct from bronchitis, says M. G., 1st, in its invasion, which is sudden, almost instantaneous; 2d, in the albuminous character of the expectorated matter; 3d, from the great quantity expectorated in a short time; and 4th, in the rapid cessation of its symptoms. Emetics are the best remedies to meet the urgency of the suffocative symptoms. Leucorrhœa is constituted by a white chronic discharge from the female genital organs without any appreciable lesion of those organs, and should be said to exist only when the discharge is sufficient to inconvenience the woman. Science, says M. G., is as yet unable to distinguish simple leucorrhœa from a venereal discharge, and hence it is impossible to ascertain whether a woman labouring under simple leucorrhœa can cause a blenorrhagia.

The fourth kind of morbid secretions are those peculiar to certain organs; they are presented to the notice of the reader in consecutive chapters on super-secretion of the sweat, ephidrosis; of fat, polysarcia; of saliva, ptyalism; of the bile, constituting oftentimes the disease known as common cholera morbus; of the urine, diabetes insipidus; of the milk, galactorrhœa; and of the sperm, spermatorrhœa.

Among these, the most important and which receive most attention, are cholera and spermatorrhœa. In the chapter on the former is an allusion to our cholera infantum, as if it were the same disease. The author merely speaks of the mode of treating it in this country by calomel and emetics [?], which in France, he says, would be considered far less rational than the treatment recommended by M. Ménard, to use only iced drinks for the child and to keep it from nursing until the evacuations cease. Sufficient evidence that our cholera infantum is a disease entirely unknown in France.

The pneumatoses or gaseous secretions are the fifth kind of morbid secretions to which attention is directed. These are emphysema, whether traumatic or spontaneous,—not the vesicular emphysema to be described in a subsequent part of the work,—pneumatoses of the digestive tube, the spontaneous development of gas in the organs of the circulation of the blood,—causing sudden death,—pneumatoses of the urinary organs,—of which M. G. denies the occurrence,—of the genital organs of women, of the serous and synovial membranes, of the peritoneum—of which the occurrence is very doubtful,—of the pericardium, and of the thorax. Pneumo-thorax, says M. G., is perhaps always consecutive to different alterations of the lungs, pleura or some neighbouring organ, or of the thoracic parietes themselves, though under certain circumstances of commencing putridity, aëriform fluids may be met with in the chest.

We have thus arrived at the conclusion of the first volume of the work, upon which we have dwelt so long, that we shall be obliged to pass more rapidly over the contents of the second which commences with an account of poisoning; or "that morbid condition which results from the introduction into the economy by some method or other, of an agent which ruins the health or entirely destroys life without acting mechanically. The substances capable of producing these effects are known under the names of poisons." These, M. Grisolle classifies according to the arrangement of M. Orfila, as irritants, narcotics, narcotico-acrids, and septics.

Among the irritant poisons he gives a summary account of phosphorus, iodine, bromine and chlorine, of sulphuric, nitric, oxalic and arsenious acids, speaking merely of the pathological appearance of the body, of the symptoms of the consequent disease, of the diagnosis, prognosis and medical treatment, omitting all allusion to the medico-legal questions connected with the subjects.

Poisonings by the alkalies and their compounds, by preparations of antimony, gold, silver, tin, bismuth, zinc, and copper, are each briefly treated of in the same manner as those above mentioned. Their description is followed by a careful study of the effects of the preparations of lead, a subject upon which M. Grisolle has elsewhere, in his *Essai sur le colique de Plomb*, ably written, and to which some twenty-six pages of the present work are devoted by him.

Independently of the irritant effects of large doses of the acetate, for example, this metal excites "a special action upon nutrition and consecutively upon different parts of the nervous system, causing, in effect, neuralgic pains in the abdomen and limbs, or delirium, coma, and often convulsions, or more or less extensive paralysis."—II. 18.

The bluish colour of the gums, which is said to be the evidence of intoxication by lead, does not show any thing more, says M. Grisolle, than that there is lead in the system, and that the individual has been exposed to its action, without necessarily being poisoned by it. All the external parts of the body may present the same black or blue colour, when they are placed in contact with sulphur, as in a sulphur bath; "the colour being due to the formation of a sulphuret of lead, by the action of the lead, which, when volatilized, is deposited upon the gums and teeth, and sulphuretted hydrogen which is disengaged throughout the whole extent of the digestive organs."—II. 20.

M. Grisolle gives an account here of lead colic, pain in the limbs, paralysis, and cerebral accidents, of which the relative frequency, according to M. Tanquerel, is expressed by the numbers 12, 8, 2, and 1.

His treatment of lead colic, when vomiting and general symptoms of gastric disturbance exist, is to begin with an emeto-cathartic—℞. Tart. emet. grs. ij, or iij; sulph. sodæ ℥j—followed on the same day by one or two strongly purgative enemata. The abdomen is to be covered with emollient cataplasms, and one to two grs. opium are to be given at night to procure sleep. If there is no vomiting, he commences at once with drastic cathartics, preferring the croton oil, of which one or two drops in pills are given, repeating the dose after 3 or 4 hours if it does not purge. This treatment must be continued for several days, even if the colic has entirely ceased, taking half a drop only every morning. This, with proper dietetic and hygienic treatment, generally suffices for the cure.

Saturnine encephalopathia, caused by the absorption of lead, manifesting itself by exaltation, perversion or abolition of the functions of the brain, was first described by M. Grisolle in 1836, a description, which, he says, M. Tanquerel has appropriated to himself, often word for word, without adding materially to it. This encephalopathia may manifest itself under three forms; 1st, the delirious; 2d, the convulsivo-epileptiform; and, 3d, the comatose; these may co-exist or succeed one another. In about one-half who die with cerebral accidents, the brain and spinal marrow exhibit not a trace of disease. In the other half, the brain appears hypertrophied, the convolutions being flattened and the anfractuosities scarcely marked, so that the surface appears almost smooth. The cerebral pulp is sometimes yellowish, scarcely ever injected, generally entirely exsanguious, its consistence being sometimes natural, sometimes increased or even diminished; the ventricles contain scarcely any or no serosity, and their cavity is sometimes diminished one-third or even a half.

The diagnosis of this form of disease must be based rather upon the symptoms characteristic of saturnine colic, than upon any peculiarity in the form or nature of the cerebral symptoms. Amaurosis coming on suddenly and ceasing after some hours or days, and slowness of the pulse, which is quite a common phenomenon in saturnine poisoning, at least in the early stages, may point to the nature of the attack in some cases. The prognosis is always very serious, more than one half die, the convulsive form being the most fatal. The patient rarely dies if he survives six or seven days, death occurring generally in two or three, or often in a few hours. No particular treatment has proved successful; unless the expectant, which, according to M. Tanquerel, M. Rayer has employed most advantageously.

Under the head of poisoning by mercury, we have full accounts of hydrargyria, mercurial trembling and mercurial cachexia. From them the author proceeds to speak generally of the vegetable irritants, and then of the animal irritant poisons, as cantharides, muscles, &c.

The narcotic poisons, and especially opium and hydrocyanic acid, next pass in review. M. Grisolle ranges among the narcotics, alcoholic liquors, which cause three orders of symptoms; drunkenness, delirium tremens and spontaneous combustion, which receive attention in the order named. With respect to the use of opium in delirium tremens, M. Grisolle says it often fails; indeed, he objects to the administration of large and repeated doses of it, for fear that it may bring on fatal coma. He recommends no particular method of treatment, rather inclining, however, to adopt the expectant method of Esquirol and Calmeil, who give only sugared drinks, and warm baths, with emetics, purgatives and bleeding when required by the symptoms.

Poisoning by the sulphate of quinia is next spoken of. M. Grisolle refers to the enormous and poisonous doses which it has become the fashion to give of this medicine, and which, he truly says, are "unnecessary, dangerous, and only calculated to bring the profession into disrepute."

> "Some unfortunate facts observed in man, especially during the present year, (1843,) confirm, in all respects, the results obtained among animals (Magendie and Mêlier); thus patients to whom 4, 5 and even 6 grammes (80, 100, or 120 grs.) of sulphate of quinia have been administered, have experienced various accidents, of which three degrees have been noticed. In the first, the nervous system is the seat of the symptoms, which are only exaggerations of those observed from ordinary doses; viz., headache, agitation, phenomena of drunkenness, some trouble in vision, and often deafness; in the second degree, delirium, convulsive movements and more extensive paralysis occur, with signs of congestion and inflammation of the lungs, and even hematuria; and finally, in the highest degree, the strength is gone, the debility extreme, and the patients, deprived of sense and motion, become comatose, and may thus die. Those who escape, recover slowly, remain for some time feeble, and many of them remain, during life, blind or deaf."—II. 64.

Carbonic acid is the next point which is studied. We would here remark that there is much reason to believe, from recent researches, made in France, that the deleterious effects which have been hitherto considered as due to the action of carbonic acid, are, in fact, to be attributed to the agency of carbonic oxide, which is always given off when charcoal undergoes slow combustion.*

The narcotico-acrids are next briefly considered; to them succeeds an examination of the fourth kind of poisons or the septic; including among these, poisoning by the introduction of putrid matters into the system, by ergoted rye, by gases from necessaries, by the venom of animals, as the viper, rattlesnake and venomous insects. These are all sufficiently treated of, though very briefly; and bring the author to the consideration of the different kinds of *virus*, the syphilitic, hydrophobic, the virus of malignant pustule and of anthrax, of glanders and of farcy.

M. Grisolle rejects entirely the doctrine which teaches that there is a distinction between the virus of syphilides and blennorrhagia. They are identical in nature, says he, for if you neglect them you will see arise in both, the same constitutional accidents, which can recognize no other cause than venereal infection. Though it is generally true, he continues, that blennorrhagia will not produce a chancre, nor a chancre blennorrhagia, it is too exclusive to say that this is always the case, for the reason above cited, which, certainly, is not a sufficient one, for it is not generally admitted, and, besides experiments, of which, however, he denies the applicability, prove directly the contrary. He recommends deep cauterization of the chancre, whatever its form, with nitrate of silver at the commencement, to be followed with dressings of aromatic wine and lint. If it resist several cauterizations, we should have immediate recourse to the specific mercurial treatment. Indeed, M. Grisolle thinks that the use of mercurials, as curative agents, is always advisable, or, at any rate, to establish the cure and prevent consecutive accidents,

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* Ann. d'hygiène pub. et de Méd. Lég.

> "For who can affirm," says he, "that infection has not taken place during incubation, *i. e.*, between the inoculation of the virus and the moment at which induration and the vesicle commence."—II. 98.

In speaking afterwards of constitutional syphilis, he is again at variance with M. Ricord, who asserts that this cannot occur unless there has been absorption of the venereal virus, an absorption which can only take place from the surface of an ulceration, and that hence, chancre is the necessary antecedent of the constitutional symptoms. M. Grisolle's arguments upon all these questions are entirely inconclusive, and do not establish the position he aims at. A good account of blennorrhagia, whether acute or chronic, of *syphilides* or the cutaneous affections, produced by the constitutional action of the syphilitic virus,—taken chiefly from M. Cazenave's valuable treatise,—of the affections of the mucous membranes and cellular tissue of the iris, of the testicle,—according to Sir A. Cooper, its chronic engorgement,—and of the fibrous and osseous tissues, closes the subject of syphilitic disease.

As to its prophylaxis, M. Grisolle says that whoever would devote himself to the glorious work of discovering a means of prevention, would deserve, if successful, the gratitude of mankind; "for the times are past, when a retrograde *moral* and religious prejudice caused the pox to be regarded as a just chastisement of libertinage, or taught that it was immoral and contrary to the views of Providence to occupy one's self with the attempt to discover the means proper to prevent contagion."—II. 149. We must confess that these are droll sentiments, and that we have yet to learn that the times referred to in the first section of this proposition are yet past. Certainly a genuine, correct *morale* would teach that the only and best prophylaxis is to avoid the causes.

Having given a short chapter to framboesia, the author proceeds to the subject of hydrophobia. He ridicules the idea that no such disease exists and that would make the symptoms indicative of rabies the result of imagination and of alarm. This disease can only be communicated by the frothy discharges from the mouth, in contact with an abraded surface; and this frothy matter is not secreted by the salivary glands, but comes from the air passages alone, as dissection decisively proves. M. G. states, that in the human subject, there is no appreciable lesion after death; a fact of which he has satisfied himself by six or seven autopsies, at the Hotel-Dieu of Paris.

> "Thus in persons dying of hydrophobia, we find only varying and purely accidental lesions; the same is the case in animals. The observations hitherto published to prove that in hydrophobia there is an inflammation of the mucous membrane of the air passages, or of the digestive organs, or of the nervous centres, can inspire no confidence; for it is easy to see that authors have been contented with a simple and generally passive redness to admit the existence of inflammation."—I. 153.

Malignant pustule and malignant anthrax, virulent affections transmitted to man by certain domestic animals, characterized by gangrenous inflammation of the integuments, rarely extending beyond the cellular tissue in the former, but more deeply in the latter, affecting those who attend or slaughter the animals or dress their skins, developing themselves always in the part in contact with the infected animal, and capable of being transmitted from man to man, are very serious and fatal diseases from the constitutional symptoms to which they give rise, and should be arrested by the immediate destruction by caustic of the part affected.

As to glanders, once considered peculiar to the solipedes, but now known to be transmissible to man, M. Grisolle thus sums up his opinion:

> "It is a virulent disease resulting from the introduction into the economy of a deleterious substance furnished by the solipedes, attacked with glanders, and existing in the nasal secretions, pus of abscesses, and perhaps also in the blood. From the cause which produces it, and the grave symptoms which accompany it, it must be considered a general affection, the local alterations which characterize it not being the cause, but the expression of the general condition. In man, acute glanders is identical with that in the horse. The same rheumatic pains, the same nasal flux, the same eruptions and ulcerations of the nasal fossæ, the same pulmonary inflammation, the same muscular abscesses, the same pustular eruptions of the skin, as well as gangrene, are observed in both. The only difference at all remarkable, consists in the alteration of the submaxillary lymphatic glands, which are constantly inflamed in the solipedes and rarely or only to a feeble degree in man."—II. 170.

The author's account of this disease and of farcy, both in the acute and chronic states, is full and very interesting, and well worthy of careful perusal.

The sixth class of diseases, according to the division laid down by M. Grisolle, are lesions of nutrition. They are arranged under seven distinct sections, each relating to some specific lesion, viz., 1st, hypertrophy; 2d, atrophy; 3d, induration; 4th, softening; 5th, gangrene; 6th, ulcerations; alterations which are studied as affecting certain organs in particular; in the 7th, he reviews certain alterations, which are most generally consecutive to some one of the above lesions, viz., 1st, contraction and obliteration of hollow organs; 2d, their dilatation, and 3d, their rupture, laceration and perforation.

After a general consideration of hypertrophy, its occurrence in the brain,—a subject especially studied only during the present century—is particularly dwelt upon. The brain presents the same appearances as in saturnine encephalopathia; this lesion occurs equally at all ages of life, and is even congenital, being probably always a fatal one, chronic in its march, and manifesting itself by severe headache, disorder of the intellect, convulsions and partial paralysis, without fever. Hypertrophy of the spinal marrow is more rare and reveals itself by no special symptoms.

The chapter on hypertrophy of the heart is very ably and carefully written. M. G. considers it an error to suppose that hypertrophy of the left ventricle predisposes to hemorrhage and to softening of the brain. Notwithstanding the numerous supporters of this opinion, M. G. says,

> "It is contradicted by Rochoux and is in opposition to the numerous facts collected by himself (M. Grisolle), and to the observations analyzed by M. Louis, who has never in a single instance found hypertrophy coincide with a cerebral hemorrhage, and who, besides, has noted the occurrence of softening of the brain less often in cases of hypertrophy of the heart, than in the course of several other affections, as phthisis. We, (Mr. G.), have proved elsewhere from the writings of the same author, that hypertrophy of the right ventricle is not, as has been pretended, an active cause of pulmonary hemorrhage."—II. 191.

As to Valsalva's treatment of hypertrophy of the heart, the author deems it barbarous, having never cured any body, and having certainly often hastened death. He agrees with Hope in the opinion, that bleeding often fails as a palliative, especially when there is also considerable dilatation of the cavities.

Hypertrophy of the liver differs from cirrhosis which the author afterwards treats of, by the fact, that in the former, both the red and yellow substances of the liver are increased, causing a more or less considerable enlargement of the organ; while in the latter the yellow alone increases, the red, in fact diminishing, so that the liver either retains its normal size or is actually diminished in volume. Hypertrophy of the spleen, one of the sad heritages of those who suffer from intermittent fever, is briefly treated of.

Hypertrophy of the thymus gland, which has recently been invoked as the cause of a form of asthma, receives a short notice from M. Grisolle, who thus concludes:

> "We shall insist no further upon the description of this disease, of which the existence is not even yet proved; [he does not allude to the American cases.] No one in France has ever observed it, and the statements which have come from foreign countries are so incomplete and so little precise, that we are authorized to ask if thymic asthma is an actual disease, or if there have not been confounded under this name different affections of the brain and of the pectoral organs; such, at least, is the opinion of many pathologists, and our own among the number.—II. 208.

Hypertrophy of the thyroid gland and elephantiasis of the Arabs, are the subjects of the concluding chapters relative to this form of disordered nutrition. These are followed by some general remarks on atrophy, generally, and then some accounts of it as occurring in particular organs, as the brain, the spinal marrow, the heart and the liver; all being incurable affections.

Induration of the same organs, a lesion which cannot be recognized during life, and consequently presents no indications for treatment, is next briefly spoken of; to these descriptions succeed those of a more important lesion, viz., softening, which is very frequent, has been observed in almost all the organs, and is now generally considered as independent of inflammation: the irritation in an organ giving impulsion to an aberration of nutrition, but not causing it or being at all necessary, either antecedently or actually, to its occurrence.

Softening of the brain first claims attention. Differing from MM. Lallemand and Durand-Fardel, M. Grisolle says:

> "We believe that cerebral softening should be considered a special lesion, a peculiar mode of destruction, common to several of the organs, and of which the mechanism, and the immediate or proximate cause entirely escape us in the greatest number of cases; whilst in some it appears to be owing to an impoverishment of the economy, or to a diminution of the activity of the encephalic circulation."—II. 244.

Softening of the spinal marrow, of the heart, of the stomach, of the intestinal mucous membrane and of the bones,—under the heads of rachitis and osteo-malacia,—are described in separate chapters. But we are compelled to pass over these interesting accounts and also those relative to gangrene,—particularly studied as occurring in the lungs, mouth, pharynx and vulva,—and to those on ulcerations,—which last are dismissed with some very general and brief remarks,—to take up the consideration of the seventh kind of lesions of nutrition, viz., those causing contraction, obliteration, dilatation, perforation or rupture of hollow organs. These are ordinarily consequent upon some one of the lesions of nutrition, already indicated, though they require separate description, as some of them appear to occur spontaneously and in consequence of some special and as yet undetermined lesion of nutrition,—as noticed particularly with certain dilatations and perforations of hollow organs and passages,—and to offer the only source of therapeutic indication.

After some general remarks upon the causes, nature, &c., of contractions (*retrecissements*) and obliterations, those occurring at the orifice of the heart are especially dwelt upon. This chapter is exceedingly interesting and ably drawn up, summing up with much care and knowledge the whole subject, and presenting an excellent account of those most important lesions. As to their diagnosis, M. G. thus speaks, in unison with MM. Chomel, Piorry, &c.

> "Their diagnosis can only be established by the *simultaneous existence* of several symptoms; thus, a permanent sound as of a bellows, file or saw, at the precordial region, coinciding with an irregular, unequal, intermittent pulse, with dyspnœa, and the other signs of disease of the heart, will indicate *almost certainly*, but not indubitably, that there is a contraction of one or more of the orifices of the heart. M. G. is thus reserved in his opinion, because he has many times seen all these signs together in an individual dying of hypertrophy with dilatation of the left cavities of the heart, without any alteration of the valves and orifices; he has besides met with persons, who, although labouring under considerable contraction of the orifices of the heart, nevertheless presented no morbid sound at the precordial region."—II. 293.

Contraction and obliteration of the arteries and veins are studied in separate chapters; his account of arteries being drawn from a paper by M. Barth, which contains an analysis of a large number of cases, and which has never as yet been published. The air passages, the œsophagus, and the intestinal tube may also suffer from this lesion, which, as occurring in the intestines, causing their occlusion, or ïleus, is studied in a separate chapter.

Dilatations are the next alterations passed in review. They have been observed in the bronchi; but more especially in the vesicles of the lungs, constituting the disease known by the name of vesicular emphysema, so admirably described by MM. Louis, Jackson, Beau and Stokes. MM. Louis and Stokes have satisfactorily established that in these cases the volume of the heart was increased, and that in proportion to the extent and duration of the emphysema. M. G. says,

> "This disease is essentially characterized by the dilatation of the pulmonary vesicles, whose parietes have undergone different changes of nutrition (hypertrophy, atrophy, or destruction). These changes necessarily render hæmatosis difficult, which fact explains the habitual dyspnœa of the patient and the organic affections of the heart which often result from it."—II. 340.

Dilatation of the cavities of the heart or of portions of a cavity, and of the lymphatics and aneurism of the aorta, pectoral and abdominal, dilatations of the œsophagus, and of the stomach, are each sufficiently described in separate chapters, and bring us to the consideration of the only remaining lesions of nutrition, lacerations, ruptures and spontaneous perforations. Among these is placed the subject of *cyanosis*, or, according to the author, "the congenital or accidentally established communication either between the right and left cavities of the heart, or between the vascular trunks which proceed from it." He enumerates some twelve different congenital deformities which may allow the admixture of the arterial and venous blood, stating, at the same time, that the most usual one is the persistence of the foramen ovale. In rather more than one half the cases, MM. Louis and Gintrac have shown that the valves of the right side of the heart were deformed, and in all these the lesion occupied the valves of the pulmonary artery. "We believe," says M. G., "with M. Louis, that these coarctations of the pulmonary orifice are for the most part a congenital lesion, and it is rational to refer to this obstacle the persistence of the foramen ovale, when these two lesions coexist in the same individual." "The persistence of the foramen ovale and of the arterial canal, among the lesions enumerated, are those which appear to allow the longest life."—II. 375. This opinion is fully sustained by the authority of Craigie and of Dr. Moreton Stillé, in his interesting thesis upon the subject of cyanosis. (See this Journal for July, 1844, p. 25.) M. Grisolle agrees, farther, with those who attribute the blue colour to the trouble and embarrassment of the circulation; this embarrassment being caused by the primary deformed condition of the heart or of the lesions which accompany it.

These lesions are finally disposed of in separate chapters relative to the rupture and perforation of the aorta, of the diaphragm, of the abdominal organs, the spleen, liver, &c., of the bladder and of the uterus.

Organic transformations and accidental morbid productions constitute the seventh class of diseases, which are considered under two chief divisions: 1st, those diseases which are characterized by the transformation of one tissue into another or by the development of new tissues analogous to or identical with the natural tissue; 2d, those characterized by the formation of new products entirely foreign to the economy. In the first he merely speaks of those of practical importance, as the fatty, serous, horny, cartilaginous and bony degeneration or transformation, terminating with some remarks on polypi. Among the second kind, he includes, 1st, inorganic concretions; 2d, entozoa; 3d, morbid formations, which, when deposited in the tissues, depress them, penetrate them, and even convert them into their peculiar substance; these are cancer, tubercles and melanosis.

It is sufficient to mention that he briefly describes the fatty degeneration, especially that of the heart, which is sometimes loaded with it; he then passes to an account of the serous productions, as cysts, especially of the brain, liver, spleen, kidneys and ovaries. As to the causes of the ovarian cysts, M. G. says nothing precise is known, their development being almost always spontaneous. He thinks that nothing but a palliative treatment of them should be attempted, as he is convinced by experience of the impotency of medication to arrest or cure them, and deems all the propositions for their extirpation by surgical operations, "as at least imprudent and not justifiable by the citation of some successful cases."—II. 400.

The horny or epidermic productions—ichthyosis, pityriasis, lepra and psoriasis,—the cartilaginous and bony transformations, which may attack almost every tissue, and polypi, receive due attention, leading the author to the study of the second kind of morbid productions. Among these, inorganic concretions or calculi are considered first generally, and then as occurring in the intestines, gall-bladder, biliary ducts, and urinary organs. Then follow some interesting remarks upon the various parasitic animals, entozoa and epizoa, each of which is the subject of special observation and description in the pages before us. As to the mode of origin of the entozoa, M. G. ranges himself with those who maintain their spontaneous generation, "under the influence of pathological causes," which he considers "as not more extraordinary than the formation of zoosperms in the human testicle; these are equally organic acts, morbid in the one case, physiological in the other, of which the mechanism entirely escapes our explanation; once formed, the entozoa reproduce themselves in various modes."—II. 442.

M. Grisolle now commences his discussion of the third, and by far most important class of these diseases, viz., that containing cancer, tubercles and melanosis. Our remarks have extended to such a length, however, that we can but briefly point out some of the author's views upon these interesting subjects.

Scirrhous and encephaloid tumours are regarded as merely two alterations arising under the influence of one and the same diathesis, causing the same accidents, and requiring the use of the same therapeutic means. M. Grisolle notices the statements of MM. Andral and Gavarret, that they found by microscopic observation, in the blood, after the disease was fully established, a large number of well-marked pus globules, and alongside of them elliptic lamellæ, granitic on their surface, much larger than the pus globules, and of a form much more regular than that of simple albuminous plates. These same lamellæ were also observed in great numbers in the ichorous matter from the midst of the cancerous masses.

This alteration is studied as occurring in the brain,—the remarks on it being chiefly taken from M. Calmeil's excellent summary in the *Dict. de Médecine*,—in the lungs and pleura, in the œsophagus, in the stomach,—of which *black vomiting* and an epigastric tumour are the only reliable pathognomonic evidences,—in the intestines, pancreas and liver, in the kidneys, and finally in the uterus. The chapter relative to cancer of the uterus is one of the most complete in this volume, not a point of interest being passed over, though it is as concisely drawn up as possible.

Tuberculization next receives attention, the author commencing with an admirable summary of the amount of our knowledge relative to tuberculization in general,—his opinions respecting the origin, mode of development, softening, &c., of tubercles, agreeing almost entirely with those of M. Louis. To establish the diagnosis of acute tuberculization, a common disease among children, is exceedingly important. M. Grisolle says,

> "It may be suspected in children who, naturally weak, are attacked without cause, or after an eruptive fever, and especially measles, with a moderate but continuous febrile movement, persisting, during several weeks, without evident cause; for, as MM. Rilliet and Barthez have remarked, there is no other disease of childhood which, with an acute or subacute march, does not exhibit, within ten or twelve days, local symptoms sufficiently decided to give a more or less positive indication of its nature."—II. 527.

With respect to the treatment of children threatened with tuberculous disease by their constitution or by hereditary predisposition, M. Grisolle traces some hygienic rules, condensed from the new edition of M. Louis' work on phthisis.

> "The children of whom we speak should be confided immediately after their birth to vigorous nurses, who present every trace of the sanguine temperament, and enjoy irreproachable health. The children should be exercised in the open air and sun-light, and should live in an airy place with a good exposure. At the period of weaning, animal food should be given, commencing with the lighter articles, as broths, meat jellies; these being gradually replaced with mutton, beef, and dark meat generally; some good wine should also be allowed them; and the hours of eating should be properly regulated,—the children being prevented from eating at all times of the day, and from indulging in indigestible articles, as

pastry, which have the effect of deranging the functions of the stomach, causing diarrhœa, which always enfeebles the children, and thus becomes an efficacious cause of tuberculization. If the digestion is languid, or the appetite diminishes, some bitter infusion may be given to excite the activity of the stomach. At the same time the functions of the skin should be excited from time to time by dry frictions over the whole body, and by the administration of salt baths. We should also, as recommended by M. Louis, watch over their sleep; some scarcely sleeping at all without any evident reason. Such a state of things is always injurious, especially in the children of whom we are treating; we should therefore endeavour, as soon as possible, to restore sleep by the administration of an opiate several days in succession. It is unnecessary to remark that the fears entertained by some physicians, that opium may arrest the intellectual development of children, are entirely groundless."—II. 529.

At a more advanced age, every effort should be made to invigorate the constitution, by the use of exercise in the open air, bathing, especially in salt water, the use of bitter infusions and ferruginous preparations, where the children are pale and suffer from bilious diarrhœa, and by giving them regular habits of eating and sleeping.

Tuberculous meningitis is the first special form of tubercles described by M. Grisolle. The means of diagnosing this from simple inflammatory meningitis are carefully exposed. In the latter, the symptoms being exactly the same as in the former, declare themselves clearly and distinctly from the start, the symptoms of excitement being generally more intense, and occurring sooner in it, the march being more rapid, increasing and proceeding rapidly to a termination; while in the tuberculous form, the attack generally occurs in persons who have been suffering for some time, and present, more or less, the signs of tuberculous disease, with temporary violent exacerbations of the symptoms, the patient being in the interval calm and rather dull; the fever may be slight, or even absent, and the march of the disease is remarkable for its slowness, irregularity and alternations of ease and suffering.

A good summary account of tubercles in the brain, chiefly borrowed from M. Calmeil's article in the *Dictionnaire de Médecine*, brings us to the important chapter on pulmonary phthisis, which is, in fact, an abstract of M. Louis' valuable researches upon the subject. Nor does the author forget to acknowledge and make use of the important facts published by Carswell and Walshe.

The cretaceous transformation of tubercles of the lungs, unquestionably the evidence of a curative process on the part of nature, is not rare, since M. Roger, we are told, discovered it in about half (51 in 100) of the old women whom he opened at Salpêtrière. M. R. has farther proved that these cretaceous masses are the result of transformed tubercles, and of nothing else. He has also ascertained that most generally not more than one cicatrix is ever met with in the lungs, and that it is rare to find two or three in the same individual. These are extremely important facts in proof of the curability of phthisis, but they also show that cure can only take place when the alteration is not very extensive. M. Grisolle, agreeing with MM. Andral and Louis, states that the opinion of those who regard *fistula in ano* as of frequent occurrence among phthisical patients, is not founded in facts; for in 800 tuberculous patients, M. Andral has met with it but once.

Tubercles in the bronchial glands, mesenteric phthisis, and tubercles in the kidneys, are the subjects of separate chapters; these are followed by one on scrofula, which the author defines to be "a constitutional condition characterized by different lesions,—occurring in the soft parts and in the bones,—and particularly by chronic engorgement and tuberculization of the lymphatic glands." M. Grisolle does not agree with M. Lugol in the extent to which his opinion of the hereditary transmission of this disease is resorted to, to explain its occurrence; while admitting with him that it is the most powerful agent in its production, M. Grisolle considers that the disease arises from a multitude of causes, none of them, however, acting surely and constantly.

A chapter on melanosis closes the subject of accidental morbid productions, and is followed by the description of the eighth class of diseases or the neuroses. These are divided, as by M. Andral, into five groups.

> "In the first are those characterized by a derangement of the sensibility which is sometimes exalted even to pain, sometimes diminished and sometimes even entirely extinguished; in the second group, are those characterized by a lesion of movement; in the third, are those producing disturbance of the intelligence, as the different species of delirium; in the fourth, those causing a simultaneous derangement of all the functions; and in the fifth, those peculiar to certain organs."—II. 611.

We would gladly dwell at some length upon this important class of diseases, which are exceedingly well treated of in the volume before us—M. Valleix's work upon the cephalo-rachidian nerves being taken as the author's most reliable authority; but we must content ourselves with a mere enumeration of the points upon which he has touched. He prefaces his account with some excellent remarks on neuralgia in general, consisting in a functional disturbance without material alteration of the organs affected. He then proceeds to present the characters, &c., of different special forms of it, as the trifacial, hemicranial, cervico-brachial, intercostal,—or, as he says, the spinal irritation of the American and English authors,—lumbo-abdominal, ileo-scrotal and testicular, and that of the sciatic nerve, commonly called sciatica. Angina pectoris, which M. G. says is a neuralgic affection, and not essentially connected with any organic disease of the heart or of any other organ, though it is at present difficult to say what nerves are affected, is the subject of an interesting chapter. It is followed by accounts of gastralgia, contradistinguished from the other neuroses peculiar to the stomach, of enteralgia and hyperæsthesis or exalted sensibility of the skin.

The second kind of neuralgias are those characterized by lesions of movement. Under this head, tetanus, contractions, (*contractures*,) chorea, paralysis and œsophagism are considered; the reader being referred to the fourth kind for accounts of the complex neuroses, eclampsia, epilepsy, hysteria, and catalepsy. The third kind are those which relate to derangements of the intellect; as delirium, insanity, hypochondriasis and idiocy; all of which receive a full share of the author's attention and are carefully treated of.

The fifth kind of neuroses, or those peculiar to certain organs, are for the respiratory organs, nervous aphonia, pertussis, asthma and hiccough; for the heart, palpitations and syncope; for the stomach, bulimia, pica, dyspepsia and nervous vomiting; and for the genital organs, hysteria, priapism and anaphrodisia; neuroses, which as it will be observed, embrace a number of important diseases, of frequent occurrence and requiring skillful management. M. Grisolle enters fully into the discussion of their peculiarities, and lays down careful rules for their treatment. We must pass over these to notice very briefly the remaining class of diseases recognized by our author, or those which are peculiar to certain organs or tissues, and which could not advantageously have been brought under any other general head.

The diseases peculiar to the digestive organs are first considered, the author here speaking of the accidents to which children are liable during the first dentition, of gastric embarrassment, intestinal derangement, constipation and intestinal invagination. It may seem somewhat extraordinary that the next disease of the digestive organs should be diabetes, "a disease characterized by the presence in the urine of a more or less considerable quantity of sugar." M. Grisolle thus justifies himself for this arrangement.

> "Attempts have been made to localize it, by calling it a general affection, consecutive to an alteration of the blood; or by making it a special disease of the kidneys,—and this is done by a large number of pathologists,—or by placing its seat in the digestive organs. This last opinion is the only admissible one. We are, in effect, led to believe that under the influence of a special disposition, of which the cause escapes detection, sugar is formed in the stomach, particularly at the expense of the fecula; showing why the thirst and the quantity of sugar in the urine are in proportion to the quantity of fecula swallowed. The sugar formed passes thence into the blood, whence it is eliminated by the kidneys, as would be any other foreign product. This theory has been perfectly developed by M. Bouchardat (as well as by others) in his *Annuaire de Thérapeutique*, 1840."—II. 816-17.

Jaundice is the only remaining affection of the liver which has not yet been considered. The affections peculiar to the heart are, insufficiency of the valves, and sanguine concretions commonly described under the name of polypi. Asphyxia, either the consequence of the inhalation of gases unfitted for respiration, or caused by mechanical obstruction to the entry of the air into the lungs, 1st, by compression of the thorax, 2d, by strangulation, and 3d, by submersion, is the only form of disease, peculiar to the respiratory organs, here described.

The disorders of the menstrual function, as dysmenorrhœa, deviation of menstruation,—when the discharge of blood takes place periodically from some other organ than the uterus and vagina,—amenorrhœa, and the final suppression of the menses at the critical age, are the diseases peculiar to the genital organs which remain to be examined, and are treated of in a clear, satisfactory, though concise manner.

It only remains now to consider the subject of rheumatism, a disease peculiar to the muscular and fibrous tissues. M. Grisolle studies it as it occurs in each of these tissues, prefacing with some general remarks his description of particular kinds of muscular rheumatism, as torticollis, pleurodynia, lumbago, &c.

Acute articular rheumatism, which, from his own examinations, M. Grisolle states, does not leave, at least in the great majority of cases, any notable lesion in the articular surfaces, is an "affection of a peculiar nature, and one which must in all cases be distinguished in theory as well as practice from the genuine phlegmasiæ." The author, after examining the grounds upon which the distinction between it and gout have been based, thus concludes:—"In a word, we believe with MM. Chomel and Regnier, that nothing authorizes a fundamental distinction between gout and acute articular rheumatism."

A few brief remarks must close this extended notice of one of the most valuable contributions to the medical literature of the day,—valuable, not so much for originality of views, to which it does not pretend, as for the excellent summary it affords of so great a number of diseases,—a number not exceeded, if even equaled in any other treatise on internal pathology, —for the judicious discrimination between what is useful and established in science, and that which is frivolous and theoretical,—for the adoption of the system of rigorous analysis of facts as the foundation of the descriptions contained in its pages,—for the just appreciation of the labours of others, corrected and controlled by the author's own enlarged experience, and for agreeable style and vigorous description, imparting all the interest of novelty and originality.

It must be recollected, however, that with some honourable exceptions, the work is made up from the accounts of French pathologists and therapeutists, a selection very proper as regards pathology, but not quite so much so, perhaps, as respects therapeutics; which certainly is the least satisfactory part of the book, though we must confess that in reference to the treatment, the author's views appear in general to be rational and practical.

In a word, this is the best French text book on internal pathology we have met with, and must commend itself to the French student. With some additions it might very advantageously be translated and adopted in our own schools. Although it would hardly take the place of some of the excellent treatises in our own language, there is room enough for another such as this, which is not surpassed for conciseness of description, and which presents, at least, as compendious and lucid a survey of the elements of the practice of medicine as any other general treatise at present accessible to the student. C. R. K.